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APPLICATION NUMBER	FILING OR 371 (c) DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NUMBER
10/600,258	06/20/2003	Paul MacCready	AVI1005-04US

CONFIRMATION NO. 7491

28327

THE LAW OFFICE OF JOHN A. GRIECCI
 703 PIER AVE., SUITE B #657
 REDONDO BEACH, CA 90254

FORMALITIES LETTER



OC000000010769084

Date Mailed: 08/27/2003

NOTICE TO FILE MISSING PARTS OF NONPROVISIONAL APPLICATION

FILED UNDER 37 CFR 1.53(b)

Filing Date Granted

Items Required To Avoid Abandonment:

An application number and filing date have been accorded to this application. The item(s) indicated below, however, are missing. Applicant is given **TWO MONTHS** from the date of this Notice within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

- The statutory basic filing fee is missing.
Applicant must submit \$ 375 to complete the basic filing fee for a small entity.
- The oath or declaration is missing.
A properly signed oath or declaration in compliance with 37 CFR 1.63, identifying the application by the above Application Number and Filing Date, is required.
- To avoid abandonment, a late filing fee or oath or declaration surcharge as set forth in 37 CFR 1.16(e) of \$65 for a small entity in compliance with 37 CFR 1.27, must be submitted with the missing items identified in this letter.

Items Required To Avoid Processing Delays:

The item(s) indicated below are also required and should be submitted with any reply to this notice to avoid processing delays.

- Additional claim fees of **\$255** as a small entity, including any required multiple dependent claim fee, are required. Applicant must submit the additional claim fees or cancel the additional claims for which fees are due.

SUMMARY OF FEES DUE:

Total additional fee(s) required for this application is **\$695** for a Small Entity

- **\$375** Statutory basic filing fee.
- **\$65** Late oath or declaration Surcharge.

- Total additional claim fee(s) for this application is **\$255**
 - **\$171** for **19** total claims over **20** .
 - **\$84** for **2** independent claims over **3** .

*A copy of this notice **MUST** be returned with the reply.*

C. Hause

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